

Gerard D. Robilotti, M.S., FACHE
Executive Vice President



Associate Dean
New York Medical College

March 11, 2005

The Honorable Cristine A. Vogel
Commissioner
State of Connecticut
Office of Health Care Access
410 Capitol Avenue
Post Office Box 340308
Hartford, CT 06134-0308

RECEIVED
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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

RE: Letter of Intent: Termination of Methadone Service and Transfer to a
Community Provider

Dear Commissioner Vogel:

Danbury Hospital received an agreed settlement on June 5, 1990, Docket No. 90-503 CON, to establish a Methadone Maintenance Treatment Program. This program is operated by Danbury Hospital at the present time. In April of 2002, Danbury Hospital had sought to terminate this program under Docket No. 02-526 with a Letter of Intent that expired on August 2, 2002. At that time a new provider, Connecticut Counseling Centers, Inc., had been approved by DMHAS to take over methadone treatment in the Danbury community but a physical location for this service had not been identified. Therefore, in consultations with the Office of Health Care Access, it was determined that Danbury Hospital not submit a Letter of Intent for termination and transfer of its Methadone Maintenance Program until a final location and starting date had been determined for the program under the auspices of the Connecticut Counseling Centers, Inc.

I am pleased to inform you that the proposed new provider has secured a new location in Danbury to house this very needed program. Therefore, clinical management responsibility will be transferred to a community-based provider, Connecticut Counseling Centers, Inc., located at 60 Beaver Brook Road in Danbury, CT 06810 when approved by OHCA. The selection panel for the new provider included a physician, a Hospital administrator, a Danbury consumer and staff from CT DMHAS.

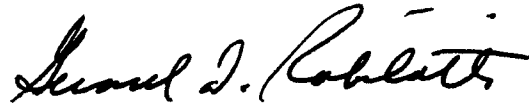
Danbury Hospital, over the years, has suffered significant adverse financial consequences by virtue of deficit funding for the only hospital-based methadone maintenance program offered in Connecticut. The transition to Connecticut Counseling Centers, Inc. will not only permit Danbury Hospital to re-allocate resources to other services benefiting the community. Connecticut Counseling Centers, Inc. will increase the number of available methadone maintenance treatment slots available in our community. This increase in program size will

allow for immediate admission to methadone treatment and a reduction in the waiting time for the treatment of other patients.

The Board of Directors of the Danbury Hospital at a meeting on June 27, 2002 authorized management to proceed ahead with the termination and transfer of methadone upon receipt of the appropriate regulatory approval.

If you should require any additional information regarding this request, please do not hesitate to contact me at 203-797-7414.

Yours truly,



Gerard D. Robilotti
Executive Vice President

GDR:dte
Enclosure

cc: Frank J. Kelly, President and CEO, Danbury Hospital
Keith A. Hovan, Chief Operating Office, Danbury Hospital
Arthur N. Tedesco, Sr. Vice President and Treasurer
Patricia O'Connor, Senior Vice President, Danbury Hospital
Orestes Arcuni, M.D., Chairman, Department of Psychiatry, Danbury Hospital
Joseph Shea, Crisis Intervention, Danbury Hospital
Commissioner Thomas Kirk, Dept. of Mental Health and Addiction Services
J. Michael Eisner, Esq., Eisner & Lugli
Jennifer Zupcoe, Manager, Department of Finance, Danbury Hospital



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	The Danbury Hospital	
Doing Business As	N/A	
Name of Parent Corporation	Danbury Health Systems, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	24 Hospital Avenue Danbury, CT 06810	
Applicant type (e.g., profit/non-profit)	Non-profit, tax-exempt, Nonstock corporation	
Contact person, including title or position	Gerard D. Robilotti, Executive Vice President	
Contact person's street mailing address	24 Hospital Avenue Danbury, CT 06810	
Contact person's phone #, fax # and e-mail address	203-797-7414 (P) 203-830-2029 (F) Gerard.Robilotti@danhosp.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title: Termination of Service & Transfer to Community Provider

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☐ New (F, S, Fnc) ☐ Replacement ☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc) ☐ Relocation ☒ Service Termination

☐ Bed Addition ☐ Bed Reduction ☐ Change in Ownership/Control

☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New ☐ Replacement ☐ Major Medical

☐ Imaging ☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):
24 Hospital Avenue, Danbury CT 06810

d. List all the municipalities this project is intended to serve: N/A

e. Estimated starting date for the project: Upon approval by OHCA

f. Type of project: 18 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
N/A				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ -0-
- b. Please provide the following breakdown as appropriate: N/A

Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$
Fair Market Value of Leased Equipment	
Total Capital Cost	\$

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
N/A				

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

- c. Type of financing or funding source (more than one can be checked): N/A
- ☐ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
- ☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
- ☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

See Attachment I

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: The Danbury Hospital

Project Title: Termination of Service & Transfer to Community Provider

I, Gerard D. Robilotti, Executive Vice President of Danbury Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Danbury Hospital complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Gerard D. Robilotti

Signature

March 7, 2005

Date

Subscribed and sworn to before me on March 7, 2005

Michael Eisner

~~Notary Public~~/Commissioner of Superior Court

~~My commission expires:~~ _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
- ☒ 18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

ATTACHMENT I

Section IV: Project Description

Clinical management responsibility for the methadone clinic is being transferred to a community-based provider, Connecticut Counseling, which was selected through an open Request for Proposal Process. The selection panel included a physician, a hospital administrator, a Danbury consumer, and staff from the Connecticut Department of Mental Health and Addiction Services.

Danbury Hospital has suffered significant adverse financial consequences by virtue of deficit funding in order to continue to offer the services. The transition will not only permit Danbury to reallocate these resources to other services benefiting its community, but will enhance the services presently provided.

Question 1:

Currently what types of services are being provided? If applicable, provide a copy of each partment of Public Health license held by the Petitioner.

The Methadone clinic, which has been operated under the Hospital's license.

Question 2:

What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

N/A

Question 3:

Who is the current population served and who is the target population to be served?

Hospital's service area; see Attachment II.

Question 4:

Identify any unmet need and how this project will fulfill that need.

Transitioning of the current methadone maintenance program from Danbury Hospital to Connecticut Counseling will result in an increase in the number of available methadone maintenance treatment slots for the greater Danbury community. An increase in program size will allow for immediate admission to methadone treatment for some patients and a reduction in the waiting list for methadone maintenance treatment for others. In addition, patients being treated in methadone maintenance programs in other regions may be able to be treated in their own community. Connecticut Counseling, Inc. expects to offer a variety of programs for addiction and substance abuse beyond the methadone maintenance program that will enhance available substance abuse treatment services in the Greater Danbury area.

Question 5:

Are there any similar existing service providers in the proposed geographic area?

No.

Question 6:

What is the effect of this project on the health care delivery system in the State of Connecticut?

Improved substance abuse services in the Greater Danbury area.

Question 7:

Who will be responsible for providing the service?

The service is to be transferred to Connecticut Counseling, Inc.

Question 8:

Who are the payers of this service?

A)	Medicare	5%
B)	Medicaid	45%
C)	Managed Medicaid	6%
D)	Commercial	3%
E)	HMO	8%
F)	Private/self	33%

Attachment II

Service Area of Danbury Hospital

The Primary Service area of the Hospital is comprised of the following towns, listed by ZIP Code:

06801	Bethel
06804	Brookfield
06810/11	Danbury
06812	New Fairfield
06470	Newtown
06875	Redding
06877	Ridgefield

The secondary service area of the Hospital is comprised of the following towns, listed by ZIP Code:

06752	Bridgewater
06757	Kent
06776	New Milford
06468	Monroe
06783	Roxbury
06784	Sherman
06488	Southbury
06794	Washington
06897	Wilton
06798	Woodbury